for children over the age of sixte	er of) children. Please list informen who have separate incomes:	nation for each child below, include assets	and earnings information
Name of Child: (Last, First, Middle) Child's Alien Registration Number	Citizen of What Country: Birth Date: (Month, Day, Year)	Now Residing At: (City and Country) Birth Place: (City and Country)	Immigration Statu of Child?
A#:	-		_
Estimated Total of Assets: \$	Estimated Ave	erage Weekly Earnings: \$	
A#:			
Estimated Total of Assets: \$	Estimated Ave	lerage Weekly Earnings: \$	<u> </u>
A#: Estimated Total of Assets: \$	Estimated Ave	rage Weekly Earnings: \$	
6) If your application is denied, wo			
) if your application is deflied, wo	and your spouse and an or your o	If you answered "NO" to any of the	
Country of Birth -	Yes No	responses, please explain:	
Country of Nationality -	Yes		
Country of Last Residence -			
Country of East Residence	ies 🗀 No		
(e.g., Unemployment Benefits, W	elfare, Medicaid, ADC, etc.). I	- have - have not received public or f f any member of your immediate family h	as received such relief
(e.g., Unemployment Benefits, Wassistance, please give full details	elfare, Medicaid, ADC, etc.). I including identity of person(s) r	- have - have not received public or properties of your immediate family have here in a same of your immediate family have eceiving relief or assistance, dates for which	as received such relief
(e.g., Unemployment Benefits, Wassistance, please give full details received, place, and amount received.	relfare, Medicaid, ADC, etc.). I including identity of person(s) reved during this time:	f any member of your immediate family heceiving relief or assistance, dates for which	as received such relief on assistance was
(e.g., Unemployment Benefits, Wassistance, please give full details received, place, and amount received.) 8) Please give the requested infor show street address, city, and stance: (Last, First, Middle)	relfare, Medicaid, ADC, etc.). I including identity of person(s) reved during this time:	f any member of your immediate family heceiving relief or assistance, dates for which the energy states are as a second are a second are as a second are a second are a second are as a second are a	as received such relief on assistance was
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